



LARGE QUANTITY WATER USER REGISTRATION FORM FOR 2009
INDUSTRIAL USER

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REQUIRED FIELDS ARE SHADED

	SECTION I - GENERAL INFORMATION	2009
1	Facility Name	
2	Facility Mailing Address 1	
3	Facility Mailing Address 2	
4	Facility Mailing City	
5	Facility State	
6	Facility Mailing Zip Code	
7	Facility E-Mail	
8	Facility Phone	
9	Facility Fax	
10	SIC Code	
11	NAICS Code	
12	No. Employees at Facility	
13	Facility FEIN	
14	Facility Physical Address 1	
15	Facility Physical Address 2	
16	Facility Physical City	
17	Facility Physical State	
18	Facility Physical Zip Code	
19	Facility County	
20	Owner Name	
21	Owner FEIN	
22	Owner Address 1	
23	Owner Address 2	
24	Owner City	
25	Owner State	
26	Owner Zip Code	
27	Owner Phone	
28	Owner E-Mail	
29	Contact First Name	
30	Contact Last Name	
31	Contact Phone	
32	Contact E-Mail	
33	If you are sharing intake and discharge points with multiple facilities and including them in your survey, please list facilities and their contact info	
34	Brief description of processes requiring water withdrawals (cooling water, heating, irrigation, etc.)	
35	Type of water use (not related to mineral extraction)	Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Irrigation <input type="checkbox"/> Recreational <input type="checkbox"/> Public Water <input type="checkbox"/> Power Generation <input type="checkbox"/>



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	Type of water use (mineral extraction use)	Coal <input type="checkbox"/> Salt <input type="checkbox"/> Quarry <input type="checkbox"/> Oil/Gas <input type="checkbox"/>
36	Do you have any water purchased from a provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
37	What is your daily maximum potential (gal) to withdraw?	
38	What is your present monthly maximum potential (gal) to withdraw?	
39	Within the next 5 years, what is your anticipated monthly maximum potential (gal) to withdraw?	
40	For coal fired electric generators, what is the facility nominal design capacity (gal) per calendar day?	
41	Where do you discharge?	POTW <input type="checkbox"/> Stream <input type="checkbox"/> UIW/Septic Tank <input type="checkbox"/> Private Reservoir <input type="checkbox"/> Lake <input type="checkbox"/>
42	Describe stream flow conditions that impact withdrawal rates?	
43	Describe seasonal conditions that impact withdrawals?	
44	Have you implemented water conservation practices in the past five years? Describe.	Yes <input type="checkbox"/> No <input type="checkbox"/>
45	Estimate the water saved per month (in gal) by these practices.	
46	If you have work planned within the next five years to conserve water use, describe the project and give an estimated project cost.	
47	Estimate the water saved per month (gal) by the planned project.	
48	Additional Comments	
49	Year of Closure	



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USE SEPARATE FORM FOR EACH FACILITY

	SECTION II - MULTIPLE FACILITIES	2009
	Facility Name	
	Facility Address 1	
	Facility Address 2	
	Facility City	
	Facility State	
	Facility Zip Code	
	Facility Phone	



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SECTION III -- WATER WITHDRAWALS

USE SEPARATE FORM FOR EACH SURFACE WATER WITHDRAWAL

SURFACE WATER WITHDRAWAL	2009
Your Name for Intake	
County	
State	
Decimal Latitude	
Decimal Longitude	
How was location determined?	
Water source name	
Water source type	Spring <input type="checkbox"/> Lake/Impoundment <input type="checkbox"/> Stream/River <input type="checkbox"/>
How did you determine withdrawal info	Metered <input type="checkbox"/> Calculated <input type="checkbox"/>
If calculated, describe how calculated	
What is the water used for?	Mining <input type="checkbox"/> Petroleum <input type="checkbox"/> Recreation <input type="checkbox"/> Timber <input type="checkbox"/> Agriculture / Aquaculture <input type="checkbox"/> Industrial <input type="checkbox"/> Public Water Suppliers <input type="checkbox"/> Chemical <input type="checkbox"/> Thermoelectric (Coal) <input type="checkbox"/> Hydro Electric <input type="checkbox"/>

2009 Surface Water Withdrawal (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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USE SEPARATE FORM FOR EACH GROUNDWATER WITHDRAWAL

GROUNDWATER WITHDRAWAL	2009
Your Name for Intake	
County	
State	
Decimal Latitude	
Decimal Longitude	
How was location determined	
Well Depth (feet)	
Aquifer Source	Alluvial Aquifer <input type="checkbox"/> Middle Pennsylvanian <input type="checkbox"/> Lower Pennsylvanian <input type="checkbox"/> Mississippian <input type="checkbox"/> Upper Pennsylvanian & Permian <input type="checkbox"/> Devonian/Silurian <input type="checkbox"/> Ordovician & Cambrian <input type="checkbox"/> Unknown <input type="checkbox"/>
Type of Rock	Sandstone <input type="checkbox"/> Sand & Gravel <input type="checkbox"/> Shale <input type="checkbox"/> Limestone/Dolomite <input type="checkbox"/> Underground Mine <input type="checkbox"/> Interbedded Sandstone & Shale <input type="checkbox"/> Interbedded Sandstone, Limestone & Shale <input type="checkbox"/> Unknown <input type="checkbox"/>
How did you determine withdrawal info	Metered <input type="checkbox"/> Calculated <input type="checkbox"/>
If calculated, describe how calculated	

2009 Groundwater Withdrawal (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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WATER PROVIDER (PURCHASED WATER)	2009
Provider Name	

2009 Purchased Water (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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SECTION IV -- WATER DISCHARGE

USE SEPARATE FORM FOR EACH POTW DISCHARGE

POTW - WATER DISCHARGE	2009
POTW Name	
Decimal Latitude	
Decimal Longitude	
How was location determined?	

2009 POTW Discharge (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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USE SEPARATE FORM FOR EACH STREAM DISCHARGE

STREAM DISCHARGE	2009
Stream Name	
NPDES Number	
Decimal Latitude	
Decimal Longitude	
How was location determined?	

2009 Stream Discharge (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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USE SEPARATE FORM FOR EACH UNDERGROUND INJECTION WELL

UNDERGROUND INJECTION WELL - SUBSURFACE	2009
Name of UIW or Subsurface Disposal	
UIC Code	
UIC Permit No.	
Decimal Latitude	
Decimal Longitude	
How was location determined?	

2009 UIW Discharge (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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USE SEPARATE FORM FOR EACH RESERVOIR DISCHARGE

PRIVATE RESERVOIR DISCHARGE	2009
Name of Reservoir	
NPDES No.	
Decimal Latitude	
Decimal Longitude	
How was location determined?	

2009 Private Reservoir Discharge (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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USE SEPARATE FORM FOR EACH PUBLIC LAKE DISCHARGE

PUBLIC LAKE DISCHARGE	2009
Name of Lake	
NPDES No.	
Decimal Latitude	
Decimal Longitude	
How was location determined?	

2009 Public Lake Discharge (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	



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USE SEPARATE FORM FOR EACH "OTHER" DISCHARGE

OTHER DISCHARGE	2009
Name of Discharge	
Decimal Latitude	
Decimal Longitude	
How was location determined	
Describe Other Discharge	

2009 Other Discharge (Gallons/Month)	
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	